

Please type a plus sign (+) inside this box → +

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

| | | |
|---|-------------------------------|-----------------|
| DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration Submitted With Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required) | Attorney Docket Number | 4622-122 US |
| | First Named Inventor | Ladouceur, Dave |
| | COMPLETE IF KNOWN | |
| | Application Number | / |
| | Filing Date | July 20, 2001 |
| | Examiner Name | |

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Integrated Management of Medical Information

the specification of which (Title of the Invention)

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) Country | Priority Not Claimed | Certified Copy Attached? | |
|-------------------------------------|---------|--|--------------------------|--------------------------|--------------------------|
| | | | | YES | NO |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

| Application Number(s) | | Filing Date (MM/DD/YYYY) | | <input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. |
|-----------------------|------------|--------------------------|---------------|--|
| 60/219,484 | 60/219,739 | July 20, 2000 | July 20, 2000 | |
| 60/219,523 | 60/219,744 | July 20, 2000 | July 20, 2000 | |
| 60/219,535 | 60/219,873 | July 20, 2000 | July 20, 2000 | |
| 60/219,572 | | July 20, 2000 | July 20, 2000 | |

[Page 1 of 4]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →



PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to:

☒ Customer Number
or Bar Code Label



OR ☒ Correspondence address below

| | | | |
|--------------------------|--|----------------------------|--|
| Name | David P. Krivoshik | | |
| Address | Mathews, Collins, Shepherd & Gould, P.A. PATENT TRADEMARK OFFICE | | |
| Address | 100 Thanet Circle, Suite 306 | | |
| City Princeton | State NJ | ZIP 08540 | |
| Country US | Telephone 609-924-8555 | Fax 609-924-3036 | |

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

| | |
|---------------------------|--|
| Given Name Dave | Family Name or Surname Ladouceur |
|---------------------------|--|

| | |
|-----------------------------------|--------------------------|
| Inventor's Signature | Date |
| Residence: City Boulder | State CO |
| Country United States | Citizenship US |

Mailing Address 4584 Robinson Place

Mailing Address

| | | | |
|------------------------|--------------------|---------------------|---------------------------------|
| City Boulder | State CO | ZIP 80301 | Country United States |
|------------------------|--------------------|---------------------|---------------------------------|

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

| | |
|----------------------------|--|
| Given Name Scott | Family Name or Surname Schorer |
|----------------------------|--|

| | |
|---------------------------------|--------------------------|
| Inventor's Signature | Date |
| Residence: City Niwot | State CO |
| Country United States | Citizenship US |

Mailing Address 7105 Quiet Retreat

Mailing Address

| | | | |
|----------------------|--------------------|---------------------|---------------------------------|
| City Niwot | State CO | ZIP 80503 | Country United States |
|----------------------|--------------------|---------------------|---------------------------------|

☒ Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

| | |
|--------------------|---|
| DECLARATION | ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>3</u> of <u>4</u> |
|--------------------|---|

| | | | | | | | |
|--|-------------|---|----|---------|---------------|-------------|---------------|
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | | | |
| Given Name (first and middle [if any]) | | Family Name or Surname | | | | | |
| Gregg | | Lauer | | | | | |
| Inventor's Signature | | Date | | | | | |
| Residence: City | Boulder | State | CO | Country | United States | Citizenship | US |
| Mailing Address 2885 Lagrange Circle | | | | | | | |
| Mailing Address | | | | | | | |
| City | Boulder | State | CO | ZIP | 80303 | Country | United States |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | | | |
| Given Name (first and middle [if any]) | | Family Name or Surname | | | | | |
| Todd | | Hoven | | | | | |
| Inventor's Signature | | Date | | | | | |
| Residence: City | Ft. Collins | State | CO | Country | United States | Citizenship | United States |
| Mailing Address 1509 Elm Street | | | | | | | |
| Mailing Address | | | | | | | |
| City | Ft. Collins | State | CO | Zip | 80521 | Country | United States |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | | | |
| Given Name (first and middle [if any]) | | Family Name or Surname | | | | | |
| Bruce | | Bacon | | | | | |
| Inventor's Signature | | Date | | | | | |
| Residence: City | Littleton | State | CO | Country | United States | Citizenship | US |
| Mailing Address 9623 Sagebrush Trail | | | | | | | |
| Mailing Address | | | | | | | |
| City | Littleton | State | CO | Zip | 80124 | Country | United States |

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO:** Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → +

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet
Page 4 of 4

| | | | |
|---|----------|---|---------------|
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle [if any]) | | Family Name or Surname | |
| Mike | | Shell | |
| Inventor's Signature | | Date | |
| Residence: City | Boulderq | State | CO |
| | | Country | United States |
| Citizenship | | US | |
| Mailing Address 46 Anemone Lane | | | |
| Mailing Address | | | |
| City | Boulder | State | CO |
| | | ZIP | 80302 |
| Country | | United States | |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle [if any]) | | Family Name or Surname | |
| | | | |
| Inventor's Signature | | Date | |
| Residence: City | | State | |
| | | Country | |
| Citizenship | | | |
| Mailing Address | | | |
| Mailing Address | | | |
| City | | State | |
| | | Zip | |
| Country | | | |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle [if any]) | | Family Name or Surname | |
| | | | |
| Inventor's Signature | | Date | |
| Residence: City | | State | |
| | | Country | |
| Citizenship | | | |
| Mailing Address | | | |
| Mailing Address | | | |
| City | | State | |
| | | Zip | |
| Country | | | |

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

FORM 02560600

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| | | |
|--|-------------------------------|-----------------|
| POWER OF ATTORNEY OR AUTHORIZATION OF AGENT | Application Number | Herewith |
| | Filing Date | July 20, 2001 |
| | First Named Inventor | Ladouceur, Dave |
| | Group Art Unit | TBA |
| | Examiner Name | TBA |
| | Attorney Docket Number | 4622-122 US |

I hereby appoint:

☒ Practitioners at Customer Number **OR**☒ Practitioner(s) named below:Place Customer
Number Bar Code
Label here

| Name | Registration Number |
|--------------------|---------------------|
| David P. Krivoshik | 39,258 |
| | |
| | |
| | |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.**OR**

| | | | |
|---|--|-------|--------------|
| <input checked="" type="checkbox"/> Firm or Individual Name | David P. Krivoshik | | |
| Address | Mathews, Collins, Shpherd & Gould P.A. | | |
| Address | 100 Thanet Circle, Suite 306 | | |
| City | Princeton | State | NJ |
| | | ZIP | 08540 |
| Country | United States | | |
| Telephone | 609-924-8555 | Fax | 609-924-3036 |

I am the:

☒ Applicant.☐ Assignee of record of the entire interest. See 37 CFR 3.71.*Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).***SIGNATURE of Applicant or Assignee of Record**

| | |
|-----------|-------------|
| Name | Gregg Lauer |
| Signature | |
| Date | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.☐ *Total of _____ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| | | |
|--|-------------------------------|-----------------|
| POWER OF ATTORNEY OR AUTHORIZATION OF AGENT | Application Number | Herewith |
| | Filing Date | July 20, 2001 |
| | First Named Inventor | Ladouceur, Dave |
| | Group Art Unit | TBA |
| | Examiner Name | TBA |
| | Attorney Docket Number | 4622-122 US |

I hereby appoint:

☒ Practitioners at Customer Number **OR**☒ Practitioner(s) named below:Place Customer
Number Bar Code
Label here

| Name | Registration Number |
|--------------------|---------------------|
| David P. Krivoshik | 39,258 |
| | |
| | |
| | |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.**OR**

| | | | | |
|---|--|-------|--------------|-----------|
| <input checked="" type="checkbox"/> Firm or Individual Name | David P. Krivoshik | | | |
| Address | Mathews, Collins, Shpherd & Gould P.A. | | | |
| Address | 100 Thanet Circle, Suite 306 | | | |
| City | Princeton | State | NJ | ZIP 08540 |
| Country | United States | | | |
| Telephone | 609-924-8555 | Fax | 609-924-3036 | |

I am the:

☒ Applicant.☐ Assignee of record of the entire interest. See 37 CFR 3.71.*Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).***SIGNATURE of Applicant or Assignee of Record**

| | |
|-----------|----------------|
| Name | Dave Ladouceur |
| Signature | |
| Date | |


NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.☐ *Total of _____ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

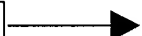
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| | | |
|--|-------------------------------|-----------------|
| POWER OF ATTORNEY OR AUTHORIZATION OF AGENT | Application Number | Herewith |
| | Filing Date | July 20, 2001 |
| | First Named Inventor | Ladouceur, Dave |
| | Group Art Unit | TBA |
| | Examiner Name | TBA |
| | Attorney Docket Number | 4622-122 US |

I hereby appoint:

☒ Practitioners at Customer Number 

OR

☒ Practitioner(s) named below:
*Place Customer
Number Bar Code
Label here*

| Name | Registration Number |
|--------------------|---------------------|
| David P. Krivoshik | 39,258 |
| | |
| | |
| | |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.

OR

| | | | | | |
|---|--|-------|--------------|-----|-------|
| <input checked="" type="checkbox"/> Firm or Individual Name | David P. Krivoshik | | | | |
| Address | Mathews, Collins, Shpherd & Gould P.A. | | | | |
| Address | 100 Thanet Circle, Suite 306 | | | | |
| City | Princeton | State | NJ | ZIP | 08540 |
| Country | United States | | | | |
| Telephone | 609-924-8555 | Fax | 609-924-3036 | | |

I am the:

☒ Applicant.☐ Assignee of record of the entire interest. See 37 CFR 3.71.*Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).***SIGNATURE of Applicant or Assignee of Record**

| | |
|-----------|---------------|
| Name | Scott Schorer |
| Signature | |
| Date | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

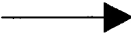
☐ *Total of _____ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| | | |
|--|-------------------------------|-----------------|
| POWER OF ATTORNEY OR AUTHORIZATION OF AGENT | Application Number | Herewith |
| | Filing Date | July 20, 2001 |
| | First Named Inventor | Ladouceur, Dave |
| | Group Art Unit | TBA |
| | Examiner Name | TBA |
| | Attorney Docket Number | 4622-122 US |

I hereby appoint:

☒ Practitioners at Customer Number
OR☒ Practitioner(s) named below:
*Place Customer
Number Bar Code
Label here*

| Name | Registration Number |
|--------------------|---------------------|
| David P. Krivoshik | 39,258 |
| | |
| | |
| | |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.
OR

| | | | | | |
|---|--|-------|--------------|-----|-------|
| <input checked="" type="checkbox"/> Firm or Individual Name | David P. Krivoshik | | | | |
| Address | Mathews, Collins, Shpherd & Gould P.A. | | | | |
| Address | 100 Thanet Circle, Suite 306 | | | | |
| City | Princeton | State | NJ | ZIP | 08540 |
| Country | United States | | | | |
| Telephone | 609-924-8555 | Fax | 609-924-3036 | | |

I am the:

☒ Applicant.☐ Assignee of record of the entire interest. See 37 CFR 3.71.*Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).***SIGNATURE of Applicant or Assignee of Record**

| | |
|-----------|------------|
| Name | Todd Hoven |
| Signature | |
| Date | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

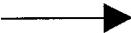
☐ *Total of _____ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| | | |
|--|-------------------------------|-----------------|
| POWER OF ATTORNEY OR AUTHORIZATION OF AGENT | Application Number | Herewith |
| | Filing Date | July 20, 2001 |
| | First Named Inventor | Ladouceur, Dave |
| | Group Art Unit | TBA |
| | Examiner Name | TBA |
| | Attorney Docket Number | 4622-122 US |

I hereby appoint:

☒ Practitioners at Customer Number **OR**☒ Practitioner(s) named below:
*Place Customer
Number Bar Code
Label here*

| Name | Registration Number |
|--------------------|---------------------|
| David P. Krivoshik | 39,258 |
| | |
| | |
| | |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.**OR**

| | | | | | |
|--|--|--------------|--------------|------------|-------|
| <input checked="" type="checkbox"/> Firm or Individual Name | David P. Krivoshik | | | | |
| Address | Mathews, Collins, Shpherd & Gould P.A. | | | | |
| Address | 100 Thanet Circle, Suite 306 | | | | |
| City | Princeton | State | NJ | ZIP | 08540 |
| Country | United States | | | | |
| Telephone | 609-924-8555 | Fax | 609-924-3036 | | |

I am the:

☒ Applicant.☐ Assignee of record of the entire interest. See 37 CFR 3.71.*Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).***SIGNATURE of Applicant or Assignee of Record**

| | |
|------------------|-------------|
| Name | Bruce Bacon |
| Signature | |
| Date | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.☐ *Total of _____ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

| | | |
|--|-------------------------------|-----------------|
| POWER OF ATTORNEY OR AUTHORIZATION OF AGENT | Application Number | Herewith |
| | Filing Date | July 20, 2001 |
| | First Named Inventor | Ladouceur, Dave |
| | Group Art Unit | TBA |
| | Examiner Name | TBA |
| | Attorney Docket Number | 4622-122 US |

I hereby appoint:

☒ Practitioners at Customer Number →**OR**☒ Practitioner(s) named below:

Place Customer
Number Bar Code
Label here

| Name | Registration Number |
|--------------------|---------------------|
| David P. Krivoshik | 39,258 |
| | |
| | |
| | |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.**OR**

| | | | | | |
|---|--|-------|--------------|-----|-------|
| <input checked="" type="checkbox"/> Firm or Individual Name | David P. Krivoshik | | | | |
| Address | Mathews, Collins, Shpherd & Gould P.A. | | | | |
| Address | 100 Thanet Circle, Suite 306 | | | | |
| City | Princeton | State | NJ | ZIP | 08540 |
| Country | United States | | | | |
| Telephone | 609-924-8555 | Fax | 609-924-3036 | | |

I am the:

☒ Applicant.☐ Assignee of record of the entire interest. See 37 CFR 3.71.*Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).***SIGNATURE of Applicant or Assignee of Record**

| | |
|------------------|------------|
| Name | Mike Shell |
| Signature | |
| Date | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Assignor: Scott Schorer

State of _____) ss:

County of _____)

On this _____ day of _____, 2001, before me personally came Scott Schorer, to me known to be the individual described in and who executed the foregoing instrument, and acknowledged execution of the same.

Notary Public

Assignor: Gregg Lauer

State of _____) ss:

County of _____)

On this _____ day of _____, 2001, before me personally came Gregg Lauer, to me known to be the individual described in and who executed the foregoing instrument, and acknowledged execution of the same.

Notary Public

Assignor: Todd Hoven

State of _____) ss:

County of _____)

On this _____ day of _____, 2001, before me personally came Todd Hoven, to me known to be the individual described in and who executed the foregoing instrument, and acknowledged execution of the same.

Notary Public

100320-00550660

Assignor: Bruce Bacon

State of) ss:

County of _____)

On this _____ day of _____, 2001, before me personally came Bruce Bacon, to me known to be the individual described in and who executed the foregoing instrument, and acknowledged execution of the same.

Notary Public

Assignor: Mike Shell

State of) ss:

County of _____)

On this _____ day of _____, 2001, before me personally came Mike Shell, to me known to be the individual described in and who executed the foregoing instrument, and acknowledged execution of the same.

Notary Public